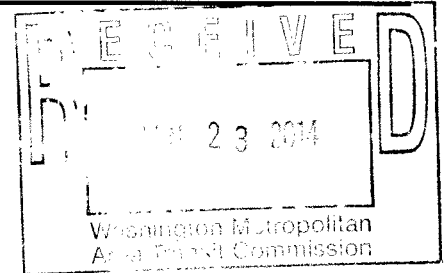


Washington Metropolitan Area Transit Commission

2014 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.



1. CARRIER INFORMATION:

967 | Magic Trails, LLC

*WMATC No. *Name of Carrier (as shown on certificate of authority)

7126 Silverleaf Drive		Locust Grove	VA	22508-2746
*Street Address of Principal Place of Business		Apt./Suite	City	State Zip
P.O. Box 1245			Centreville	VA 20122-8245
Mailing Address (if different from street address)		Apt./Suite	City	State Zip
(703) 631-1987		(866) 890-1988	magictrails@msn.com	
*Telephone	Other Telephone	Fax	E-mail	

2. OTHER PASSENGER CARRIER AUTHORITY (if applicable, list carrier/permit number):

1174322			
USDOT No.	DCTC No.	Virginia DMV passenger carrier No.	Maryland PSC No.

3. CARRIER CONTACT PERSON (at mailing address to whom we should direct inquiries):

Ms. Sharon Hackett	Manager
*Name	*Title
(703) 631-1987	(866) 890-1988 magictrails@msn.com
*Telephone	Other Telephone Fax E-mail

4. REGISTERED AGENT INSIDE THE METROPOLITAN DISTRICT FOR SERVICE OF PROCESS

*Complete section 4 only if the principal place of business in section 1 is outside the Metropolitan District. The Metropolitan District includes the District of Columbia, Prince George's Co., Montgomery Co., Alexandria, Arlington, Fairfax, Falls Church, and Dulles Airport. For a full description, see www.wmatc.gov.

Linda Holt	(240) 216-0694
Name of Registered Agent for Service of Process	Telephone E-mail
533 Red Coat Place	Fort Washington MD 20744
Agent Address (must be inside Metropolitan District)	Apt./Suite City State Zip

5. ***CHANGES:** Describe any merger, consolidation or other change in management, ownership, control, or form of organization that occurred after the previous year's annual report was filed, or if not applicable, after the carrier's certificate of authority was issued. If no changes are entered below, the carrier certifies that no such changes have occurred.

no changes

6. ***LIST OF REVENUE VEHICLES USED IN WMATC OPERATIONS:** (1) list your vehicles below or (2) attach a complete vehicle list to both pages of this form. If you have more than 10 vehicles in your fleet, you must use option 2. Include **all** required information.

Fleet No. If applicable	*Model Year	*Make	*Vehicle VIN (17 digits)	*License Plate Number	*State Registered	*Seating Capacity	Wheelchair Lift or Ramp Yes/No
63	1997	MCI	1M8PDMPA9VP049433	MAGIC63	VA	55	NO

7. ***CERTIFICATION:**

I certify that this report, including any attachments, was prepared by me or under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date.

Sharon Hackett

*Name (type or print)

Manager

*Title (not required for sole proprietors)

Sharon Hackett

*Signature

1/21/14

*Date